EUGENIC LEGISLATION IN DENMARK

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WISH to present a short report on the Danish laws dealing with mental defectives. These laws must be regarded as being distinctly eugenic in their effect, in so far as segregation and sterilization are complementary.

The scheme of State care of mental defectives in Denmark is an extremely progressive one, and is closely associated with the name of Professor C. Kellers, the founder of the present system. It is to his initiative that we owe the Keller Institutions for Mental Defectives, with the branches on the isle of Livø for men and on the island of Sprogö for women. From the beginning the "open door "policy of these institutions has helped to build up public confidence in the State scheme, and this confidence provides a basis for further extension of State control. Denmark now has institutional accommodation for one in every 740 inhabitants. If German and English institutions were on the same scale, there would be room for 88,000 persons in the former and 53,000 in the latter.* Altogether, family relief included, about two per thousand of the Danish population are covered by schemes of State assistance.

For the regulation of these great improvements in the State schemes, new laws have been necessary, and those about which I am privileged to report were passed in the course of the last year by the Minister of Social Affairs.

RESPONSIBILITY OF THE STATE

In the Public Assistance Act of May 1st, 1933, the State undertakes complete responsibility for all expenses connected with the State care of mental defectives, including such items as clothing and conveyance to the institution, and even for dental treatment,

medical treatment, funeral, etc. In order to ensure that a patient does not have to wait too long before being admitted into an institution, the State is considered liable for any expenses incurred one month after a proper application form has been submitted. If the institution has no vacancy, it is nevertheless obliged to find temporary accommodation for the mental defective. The Ministry is responsible for seeing that there are sufficient places in institutions, and this has necessitated building a large new branch which is to be finished in one year. Finally, the law compels all doctors and headmasters to report if they find, in the course of their work, a case of mental deficiency in need of attention, and similar regulations apply to State schools.

If all these provisions are to have the necessary effect, an extensive decentralisation will have to take place, in which every Commune must take part. This is being done by a social committee established in each Commune, whose duty it is to carry out these provisions within its borders. The decision that the State should pay the whole expenses for mental defectives has had the effect of making individual Communes eager to register their defectives, fearing that otherwise they would have to pay the cost of their care.

But since, under this Act, the State undertakes complete financial responsibility, it thereby acquires an authoritative status in relation to the care of defective individuals and to the prevention of their reproduction. The relevant provisions are enacted in a law of May 16th of this year. According to this law:

Public care of mental defectives can only be undertaken by recognized institutions. An application for admission can be made either by the parents or their representatives or by the person responsible for

^{*} The number of mentally defective persons who were accommodated in institutions under the Mental Deficiency Acts on January 1st, 1933, was 31,646.

the mental defective, e.g. a Juvenile Care Committee (Jugendpflegeausschuss) or the social committee. The institution itself can also initiate the procedure.

The application for assistance is directed to the institution which, having verified the statements, proceeds to provide the necessary aid as early as possible. An appeal against the decision of the institution can be made to the Social Ministry, whose decision is final. If necessary it is the duty of the police to assist in implementing the decision. Application for dismissal can be brought forward either by the mental defective or by the persons entitled to make the initial application. Dismissal, however, can only take place with the consent of the institution concerned. An appeal against refusal to dismiss can be made to the Social Ministry, whose decision is final.

PROVISION FOR STERILIZATION

It is the duty of an institution to propose immediate sterilization of a mental defective if the interests of society require it—for instance, on the ground that the person concerned is obviously unable to give his children a proper training or to earn a living for them; or when sterilization would benefit the patient by enabling him to avoid institutional life or live under freer conditions, providing there were no fear of his having children who would be a burden to society. The mental

defective need not himself give his consent for sterilization, but a guardian must give his opinion in the case mentioned above. No age limit is laid down.

The proposal to sterilize is sent to a committee consisting of a judge, a social worker, and a medical specialist. If this committee agrees to the proposal, the institution becomes responsible for the sterilization. If it does not agree, the operation cannot take place, and a new proposal can only be brought up after one year has elapsed. The expenses of the operation are borne by public funds.

Sterilization is defined as vasectomy or salpingectomy. Sterilization not in accordance with the above procedure is a legal offence.

From the above, it is evident that sterilization is not conditional on the existence of a hereditary defect. Therefore, the law relies on social values to supply reasons for sterilization—for instance, if incapacity of the mental defective to educate and feed his children makes sterilization desirable, or if sterilization is beneficial to the mental defective by enabling him to have greater freedom.

These laws exercise a eugenic effect, since they apply extensively the principle of social care, and thereby obviate or reduce the dangers of transmitting hereditary defects. In addition, they seek to decrease the burden of State expenditure by providing for sterilization in suitable cases.

